

Lot Split / Property Line Adjustment
Application & Checklist

FOR STAFF USE ONLY

FEE: S 100.00

Date Applicaanon Submitted: Accepted as Complete:
Planning Commission Mtg. Date Ward:
City Council Mtg. Date:

Please fill out this fonn completely, supplying all necessary information and documentation to support your request. Your application will not be placed on the Planning Commission agenda until the application is completed and required information provided.

Project Name:

PROJECT T" {PE: Please circle the correct project type: Lot Split O Property Line Adjustment

CONTACT I:ifOR" {ATION: INDICATE WHERE CORRESPONDENCE SHOULD BE SENT

Representative! Contact Name: Day Phone:
Address: Fax #:
E-Mail:

Property OVller / Contact Name: Day Phone:
Address: Fax:
E-Mail:

Surveyor / Contact Name: Day Phone:
Address: Fax:
E-Mail:

PROPERTY DESCRIPTION: Attach a brief explanation of project.

Site Address: Acreage:
Parcel i'- Atlas Page:
umber:

ApplicantJRepresentative: [ certify under penalty of perjury that the foregoing statements and answers herein made all data, information, and evidence herewith submitted are in all respects, to the best of my knowledge and belief, true and correct. I understand that submittal of incorrect or false information is grounds for invalidation of application completeness, determination, or approvalI understand that the City might not approve what I am applying for, or might set conditions on approval.

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Date:

Property Owner/Authorized A2:ent [ certify under penalty of perjury that I am the owner of the property that is subject of this application and that [ have read this application and consent to its tiling. (If signed by the authorized agent, a letter from the property owner must be provided indicating that the agentis authorized to act on his/her behalf.)

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Date:

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